

Report Documentation Page				Form Approved OMB No. 0704-0188	
Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
1. REPORT DATE 01 JUN 2007		2. REPORT TYPE N/A		3. DATES COVERED -	
4. TITLE AND SUBTITLE Modern burn care				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Wolf S. E.,				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) United States Army Institute of Surgical Research, JBSA Fort Sam Houston, TX 78234				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release, distribution unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT SAR	18. NUMBER OF PAGES 1	19a. NAME OF RESPONSIBLE PERSON
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified			

Modern Burn Care

Steven E. Wolf, MD

J Trauma. 2007;62:S67.

Both the number of burns and the mortality rate for burn victims in the U.S. have steadily declined over the last two decades. The real “cure” is prevention, indicating the importance of legislation. The U.S. Army Burn Center at the U.S. Army Institute of Surgical Research, Fort Sam Houston, TX, has treated all significant burns from the current conflicts in Iraq and Afghanistan. The peak year to date was 2005, during which 185 burn patients from the conflicts were admitted. The mortality

rate for combat burn patients with total burn size (TBSA) over 50% is currently 52.5%. Better therapy for burns is based on early excision, metabolic support, early treatment of inhalation injury, and functional rehabilitation. Specifically, no mode of mechanical ventilation is better than normal spontaneous respiration, thus, early extubation is essential. Fluid resuscitation volumes remain high, and a better method of judging fluid requirements is needed. Laser Doppler imaging can be used to assist in judging burn wound depth. No product has emerged to provide better temporary wound closure than cadaver allograft. However, silver dressings, Biobrane(r), and cultured epithelial autografts have proven useful in appropriate settings. The hypermetabolic state postburn can be controlled pharmacologically. In a recent multicenter trial, oxandrolone was shown to decrease hospital length of stay. Future research must focus on improvement of the scarring process and function.

Copyright © 2007 by Lippincott Williams & Wilkins, Inc.

This article was written for the proceedings from a conference entitled *12th Annual San Antonio Trauma Symposium* in San Antonio, Texas. The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.

US Army Burn Center; Professor of Surgery, University of Texas Health Science Center at San Antonio; email: steven.wolf@amedd.army.mil.

DOI: 10.1097/TA.0b013e318065ae5e